| Case 16-15695 Doc 1 Fill in this information to identify your case: | Filed 05/09/16 | Entered 05/09/16 12:29:09 age 1 of 70 | Desc Main |
|---|---|--|------------------------------------|
| United States Bankruptcy Court for the: | | | |
| Northern District of: Illinois (State) | | | |
| Case number (if known) | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | | |
|--|----------------------------|---|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name | Antoine First name | First name |
| Write the name that is on your government-issued picture identification (for example, your driver's | L Middle name Bowen | Middle name |
| license or passport | Last name | Last name |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. All other names you | | |
| have used in the last | First name | First name |
| 8 years | Middle name | Middle name |
| Include your married or maiden names. | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| 3. Only the last 4 digits of your Social | XXX - XX | xxx - xx- |
| Security number or | OR | OR |
| federal Individual Taxpayer Identification number (ITIN) | 9 xx - xx- | 9 xx - xx- |

Antoine Case 16-15695 ∟Doc 1 Filed 05#09/16 Entered 05/09/16 (142:429:09 Desc Main Debtor 1 Page 2 of 70 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 10833 S. Racine Number Street Number Street 60643 Chicago Illinois City State Zip Code City State Zip Code Cook County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City Zip Code State City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Debtor 1 Antoin Case 16-15695 L Doc 1 Filed 05/09/16 Entered 05/09/16 (1/22):29:09 Desc Main Document Plane Page 3 of 70

Tell the Court About Your Bankruptcy Case Part 2: 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form **Bankruptcy Code** B2010)). Also, go to the top of page 1 and check the appropriate box. you are choosing to Chapter 7 file under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the ☑ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for No. bankruptcy within the last 8 years? Yes. District Case number District Case number District ____ When Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Yes, Debtor Relationship to you spouse who is not When District Case number, if known filing this case with you, or by a Debtor Relationship to you business partner, or When District Case number, if known by an affiliate? 11. Do you rent your ✓ No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? ✓ No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with

this bankruptcy petition.

Antoine Case 16-15695 L Doc 1 Filed 05#09/16 Entered 05/09/16 (142:29:09 Desc Main Debtor 1 Page 4 of 70 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ◪ No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building that needs urgent

repairs?

State

City

Zip Code

Debtor 1 Antoine Case 16-15695 L Doc 1 Filed 05/09/16 Entered 05/09/16 (122:29:09 Desc Main

: Name Middle Name Dog

Document Page 5 of 70

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Active duty.

counseling with the court.

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of bankruptcy petition, and I received a certificate of completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. that you developed with the agency. I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of bankruptcy petition, but I do not have a certificate of completion. completion. Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment plan, if any. plan, if any. I certify that I asked for credit counseling services from I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those an approved agency, but was unable to obtain those services during the 7 days after I made my request, and services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver exigent circumstances merit a 30-day temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required filed for bankruptcy, and what exigent circumstances required you to file this case. you to file this case. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your payment plan you developed, if any. If you do not do so, your case may be dismissed. case may be dismissed. Any extension of the 30-day deadline is granted only for cause Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental Incapacity. Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried to internet, even after I reasonably tried to

Active duty.

counseling with the court.

I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about

credit counseling, you must file a motion for waiver of credit

Antoine Case 16-15695 L Doc 1 Filed 05/09/16 Entered 05/09/16 (12:29:09 Desc Main Page 6 of 70 **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded ✓ No. and administrative ٦ Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Antoine Bowen Signature of Debtor 2 Signature of Debtor 1 Executed on 5/9/2016 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| rrect. | | |
|----------------------------------|----------|-------------------------------|
| /s/ Danielle Kancherlapalli | | Date 5/9/2016 |
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Danielle Kancherlapalli | | |
| Printed name | | |
| Semrad Law Firm | | |
| Firm name | | |
| 11101 S. Western Avenue | | |
| Street | | |
| Chicago | Illinois | 60643 |
| City | State | Zip Code |
| Contact phone | | Email address |
| | | dkancherlapalli@semradlaw.com |
| | | Illinois |
| Bar number | | State |

Doc 1 Filed 05/09/16 Entered 05/09/16 12:29:09 Desc Main Fill in this information to identify your case: Debtor 1 Antoine Bowen First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$1,565.00 1b. Copy line 62, Total personal property, from Schedule A/B \$1,565.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$3,945.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$8.924.81 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$12,869.81 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$1.923.63 Copy your combined monthly income from line 12 of Schedule I.....

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$1,932.00

Antoine Case 16-15695 LDoc 1 Filed 05#09416 Entered 05/09/16 /1/2:29:09 Desc Main Debtor 1 Page 9 of 70 **Answer These Questions for Administrative and Statistical Records** Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$1,941.50 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$3,945.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$0.00

\$0.00

\$0.00

\$3,945.00

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

| | Case 16-15695 | | Filed 05/09/16 | <u> Entered 05/0</u> 9/16 | 12:29:09 [| Desc Main |
|-----------------------------------|--|---|---|--|--------------------------------------|---|
| Fill in this | information to identify your case | : | | L | | |
| Debtor 1 | Antoine | L | Bower | 1 | | |
| | First Name | Middle | Name Last N | ame | | |
| Debtor 2 | | | | | | |
| (Spouse, | if filing) First Name | Middle | Name Last N | ame | | |
| United St | ates Bankruptcy Court for the: | Northern | District of III | inois | | |
| | , , | | (5 | State) | | |
| Case nun (If known) | nber | | | | | |
| (II KIIOWII) | | | | | | Check if this is an |
| Officia | al Form 106A/B | | | | | amended filing |
| | | | | | | |
| | dule A/B: Prope stegory, separately list and des | | | | | 12/1 |
| esponsib rrite your Part 1: | where you think it fits best. Be ble for supplying correct inforr name and case number (if kno Describe Each Residend u own or have any legal or equ | mation. If more s own). Answer ev ce, Building, | space is needed, attach a very question. Land, or Other Rea | a separate sheet to this form. I Estate You Own or Ha | . On the top of an | y additional pages, |
| ✓ | No. Go to Part 2 | | | | | |
| | Yes. Where is the property? | | | | | |
| _ | | | What is the property | ? Check all that apply. | | ured claims or exemptions. Put |
| 1.1 | Street address, if available, or o | ther description | Single-family home | | | secured claims on Schedule D: ve Claims Secured by Property. |
| | Street address, if available, or c | orier description | Duplex or multi-uni | • | | , , |
| | | | _ Condominium or co | • | Current value of entire property? | the Current value of the portion you own? |
| | | | Manufactured or me | obile home | | · · · |
| | Number Street | | _ Land | , | Describe the nati | ure of your ownership |
| | | | Investment property Timeshare | | interest (such as | fee simple, tenancy by |
| | City State | Zip Code | Other | | tne entireties, or | a life estate), if known. |
| | | | <u></u> | | | |
| | | | Debtor 1 only | in the property? Check one. | Check if this (see instruct | is community property ions) |
| | | | Debtor 2 only | | | , |
| | | | Debtor 1 and Debto | or 2 only | | |
| | | | At least one of the c | • | | |
| | | | Other information you property identification | u wish to add about this item n number: | , such as local | |
| If you | own or have more than one, list he | ere: | | | | |
| 1.0 | | | What is the property | | | ured claims or exemptions. Put secured claims on <i>Schedule D:</i> |
| 1.2 | Street address, if available, or o | other description | Single-family home Duplex or multi-uni | | | ve Claims Secured by Property. |
| | | | Condominium or co | ŭ | Current value of | the Current value of the |
| | | | Manufactured or me | • | entire property? | portion you own? |
| | | | Land | | | |
| | Number Street | | Investment property | , | Describe the nati | ure of your ownership |
| | | | Timeshare | | | fee simple, tenancy by a life estate), if known. |
| | City State | Zip Code | Other | | | <u> </u> |
| | | | Who has an interest | in the property? Check one. | Check if this | is community property |
| | | | Debtor 1 only | | (see instruct | |
| | | | Debtor 2 only | | | |
| | | | Debtor 1 and Debto | or 2 only | | |
| | | | At least one of the o | lebtors and another | | |
| | | | Other information you property identification | u wish to add about this item n number: | , such as local | |

| Debtor 1 | Antoine Case 16-15695 L Doc 1 First Name Middle Name | Filed 05/09/16 Entered 05/09/16 Documeritime Page 11 of 70 | 6/14/24/29: <u>09 Desc Main</u> | _ |
|--|--|--|--|---|
| 1.3 Stre | et address, if available, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own? | |
| Nun City | | Land Investment property Timeshare Other | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. | |
| | | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is community property (see instructions) | |
| | | Other information you wish to add about this item, property identification number: all of your entries from Part 1, including any entries from Part 1. | or pages | _ |
| Do you ov you own th 3. Cars, va | at someone else drives. If you lease a vehicle, al ns, trucks, tractors, sport utility vehicles, motorc | in any vehicles, whether they are registered or not? Ir so report it on Schedule G: Executory Contracts and Unex ycles | | |
| 3.1 | Make Model: Year: Approximate mileage: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property.</i> Current value of the entire property? Current value of the portion you own? | |
| 3.2 | Make Model: Year: Approximate mileage: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own? | |
| | | Check if this is community property (see | | |

| | Antoine Case 16-15695 L Doc 1 First Name Middle Name | Filed 05/09/16 Entered 05/09/16 | 00 (italkazówa 191 <u>09 Des</u> | c Main |
|-----|--|--|--|---|
| 3.3 | Make Model: Year: | DocumerNtene Page 12 of 70 Who has an interest in the property? Check one. Debtor 1 only | | aims or exemptions. Put ed claims on Schedule D: nims Secured by Property. |
| | Approximate mileage: Other information: | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Current value of the entire property? | Current value of the portion you own? |
| 3.4 | Make Model: Year: Approximate mileage: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | | aims or exemptions. Put ad claims on Schedule D: aims Secured by Property. Current value of the portion you own? |
| | mples: Boats, trailers, motors, personal watercra | aft, fishing vessels, snowmobiles, motorcycle accessories | ; | |
| | mples: Boats, trailers, motors, personal watercra No Yes Make Model: | aft, fishing vessels, snowmobiles, motorcycle accessories Who has an interest in the property? Check one. | Do not deduct secured cl | aims or exemptions. Put |
| ✓ | No Yes Make | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured cl | • |
| 4.1 | No Yes Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure | ed claims on Schedule D: nims Secured by Property. Current value of the portion you own? |

Debtor 1 Antoin Case 16-15695 L Doc 1 Filed 05/09/16 Entered 05/09/16 (1/22):29:09 Desc Main First Name Document Page 13 of 70

Describe Your Personal and Household Items

| D | o you own or ha | ive any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|-----------|--|---|--|
| 6 | i. Household goods | and furnishings | |
| | | liances, furniture, linens, china, kitchenware | |
| | No | | |
| | Yes. Describe | Used Furniture | 6400.00 |
| | | | \$180.00 |
| | 7. Electronics Examples: Televisions | s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music | |
| | No | | |
| ✓ | Yes. Describe | Cell Phone | \$450.00 |
| , | B. Collectibles of val | | |
| | Examples: Antiques a | and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; in, or baseball card collections; other collections, memorabilia, collectibles | |
| ~ | No | | |
| | Yes. Describe | | |
| |). Equipment for spo | arts and habbies | |
| | Examples: Sports, ph | otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes s; carpentry tools; musical instruments | |
| ~ | No | | |
| F | Yes. Describe | | |
| Н | 1 2 | | |
| | 0. Firearms Examples: Pistols, rifle | es, shotguns, ammunition, and related equipment | |
| \succeq | | | |
| L | Yes. Describe | | |
| | 1. Clothes Examples: Everyday | clothes, furs, leather coats, designer wear, shoes, accessories | |
| | Yes. Describe | Used Men's Clothing | ¢200.00 |
| | | Sood mono God mig | \$380.00 |
| 1 | 2. Jewelry Examples: Everyday je gold, silve | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, r | |
| ~ | No | | |
| Ē | Yes. Describe | | |
| | 3. Non-farm animals | | |
| | Examples: Dogs, cats | s, birds, horses | |
| V | No | | |
| | Yes. Describe | | |
| 1 | 4. Any other person | al and household items you did not already list, including any health aids you did not list | |
| | No | | |
| Ě | Yes. Describe | | |
| L | Tes. Describe | | |
| | | lue of all of your entries from Part 3, including any entries for pages you have attached | \$1010.00 |
| 1 1 | | , , , , , , , , , , , , , , , , , , , | i l |

Antoine Case 16-15695 L Doc 1 Filed 05/08/16 Entered 05/09/16 (1/22):29:09 Desc Main Debtor 1

Document Page 14 of 70 **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes Fifth Third 17.1. Checking account: \$555.00 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ✓ No Institution or issuer name: Yes

% of ownership:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in

an LLC, partnership, and joint venture

Yes. Give specific information about

Name of entity

✓ No

them

Antoine Case 16-15695 L Doc 1 Filed 05/08/16 Entered 05/09/16 (122):29:09 Desc Main Document Page 15 of 70 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Yes. Give specific information about Issuer name: them.... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans **✓** No Type of account: Institution name: Yes. List each account separately. 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others **✓** No Institution name: Yes.... Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) **✓** No Issuer name and description: Yes....

| Debte | or 1 | Antoine Ca | <u>ase 1</u> | 6-15695 | L Doc 1 Middle Name | | <u>05⊭09/16</u> cum ^æ rht ^{me} | | | 6 (142429: <u>09</u> | Des | sc Main |
|-------|---|-------------------------------|------------------------|--|------------------------------------|--------------|---|-------------|----------------------|--|-----------------|---|
| 24. | | | | ition IRA, in a , 529A(b), and | | a qualifie | d ABLE progra | m, or und | ler a qualified sta | ate tuition program. | | |
| | No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): | | | | | | | | (c): | | | |
| 25. | exe | sts, equita rcisable fo | | | ts in property | (other th | an anything lis | ted in line | • 1), and rights o | r powers | | |
| | | Yes. Desc | ribe | | | | | | | | | |
| 26. | Exa. | | rnet dom | | | | r intellectual pro yalties and licens | | ments | | | |
| 27. | Exa | | ding per | | eneral intangil e licenses, coo | | ssociation holdin | gs, liquor | licenses, professio | onal licenses | | |
| Mon | ey (| or prope | erty ov | ved to you' | ? | | | | | | pc Do | ortion you own? not deduct secured ims or exemptions. |
| 28. | _ | refunds ov | ved to y | rou | | | | | | | | |
| | | Yes. Give s about you a | them, ir Iready fil | nformation ncluding whether ed the returns ears | er | | | | | Federal: State: Local: | | |
| | | ily suppor | | ump sum alimo | nv. spousal sui | pport, child | l support, mainte | nance. div | orce settlement, p | roperty settlement | | |
| | | No | | nformation | | | | | | Alimony: Maintenance: | | |
| | | | | | | | | | | Support: Divorce settlement Property settlemen | | |
| | Exan | <i>nples:</i> Unpa | aid wage al Secur | - | | | | pay, vacat | ion pay, workers' co | ompensation, | | |
| | ш | ico. Desci | □ | | | | | | | | | |

| Debt | or 1 | Antoine Case 16 First Name | <u>6-15695</u> | L Doc 1 Middle Name | | <u>05∮09/16</u> umhethlt™° | Entero | | 1.6 (1.2.2.29: <u>09</u> | Des | c Main |
|------|----------|--|------------------|------------------------|--------------|-------------------------------|----------------|-------------------|---------------------------------|------------------|--|
| 31. | | rests in insurance mples: Health, disabi | | rance; health | | | Ū | | r's insurance | | |
| | | No Yes. Name the insur of each policy and lis | | , | Company na | me: | | | Beneficiary: | | Surrender or refund value: |
| 32. | If you | interest in propert u are the beneficiary erty because someon No Yes. Describe | of a living trus | | | | policy, or are | currently entitle | ed to receive | | |
| 33. | Exar | ms against third pa | | | | | ade a dema | nd for payme | nt | | |
| | | No Yes. Describe | | | | | | | | _ | |
| 34. | to so | er contingent and det off claims | unliquidated | claims of e | very nature | , including co | unterclaims | of the debtor | and rights | | |
| 35. | Any | Yes. Describe financial assets yo No Yes. Describe | u did not alre | ady list | | | | | | | |
| 36. | Add | the dollar value of Part 4. Write that nu | - | | | | | - | | | \$555.00 |
| Part | | | | | | | | | st any real estat | e in P | art 1. |
| 37. | Do y | ou own or have an | y legal or equ | uitable inter | est in any b | usiness-relate | d property? | | | | |
| | | No. Go to Part 6. Yes. Go to line 38. | | | | | | | | por Do | rrent value of the rtion you own? not deduct secured claims exemptions |
| 38. | ✓ | ounts receivable or | commission | s you alread | ly earned | | | | | | |
| 39. | Offic | Yes. Describe ce equipment, furn nples: Business-rela | | | nodems, prin | ters, copiers, fa | x machines, | rugs, telephone | es, desks, chairs, elect | tronic de | evices |
| | | No Yes. Describe | | | | | | | | | |

| | First Na | me | <u>6-15695</u> | Middle Name | Filed 05#09/10 Document | Page 18 of 70 | 11.66 (11.12.12.129: <u>09</u> D | esc Main |
|--------------|--------------|-----------------------------|-------------------|-------------------------------|---------------------------|------------------------------|----------------------------------|------------------------------|
| 40. | Machinery, | fixtures, eq | uipment, su | oplies you us | se in business, and too | ls of your trade | | |
| | ✓ No | | | | | | | |
| | Yes. De | escribe | | | | | | |
| 41. | Inventory | | | | | | | |
| | ✓ No | | | | | | | |
| | Yes. Do | escribe | | | | | | 1 |
| 42. | Interests in | n partnersh | ips or joint v | entures | | | | _ |
| | ✓ No | | | | | | | |
| | _ | ve specific | | | Name of entity: | | % of ownership: | |
| | | ation about | | | | | | <u> </u> |
| | them | | | | | | | |
| | | | | | | | | <u> </u> |
| 43. C | Customer lis | sts. mailing | lists. or othe | er compilatio | ns | | _ | _ |
| | ✓ No | , , | , | · | | | | |
| | = | o vour lists in | clude persona | ally identifiable | information (as defined i | n 11 U.S.C. § 101(41A))? | | |
| | | | | , | (33.77 | 3 3 3 ()/ | | |
| | <u> </u> | No | | | | | 7 | |
| | L | Yes. Descr | ibe | | | | | |
| 44. | Any busine | ess-related p | roperty you | did not alrea | dy list | | | |
| | ✓ No | | | | | | | |
| | | ve specific | | | | | | |
| | | ation | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | • | | | es for pages you have attac | | |
| Part | 6: Desci | ribe Any F wn or have ar | arm- and | Commerci mland, list it in | al Fishing-Related | Property You Own or | Have an Interest In | 1. |
| 46. | | | | | | nmercial fishing-related pro | perty? | |
| | | to Part 7. | , 0 | | , | 3 | . , | Current value of the |
| | | o to line 47. | | | | | | portion you own? |
| | | | | | | | | Do not deduct secured claims |
| | | | | | | | | or exemptions |
| 47. | | | ultry, farm-rais | ed fich | | | | |
| | | ∟іνеѕі∪ск, ро | uiuy, iaiiii-iais | eu 11911 | | | | |
| | ✓ No | | | | | | | -1 |
| | Yes. D | escribe | | | | | | |

| Deb | tor 1 | Antoine Case 16 First Name | 6-15695 | L Doc 1 | Filed 05≱6 Docume | | Entered 05/e Page 19 of 70 | 0 9/16 /1k2:29: <u>09</u> 0 | Desc | Main |
|--------------|----------|---|-----------------|-----------------|----------------------|------------|--|---|------------------|-------------|
| 48. | Cro | ps-either growing | or harvested | | Docume | ,,,,, | 1 age 15 of 7 | <u> </u> | | |
| | ✓ | No | | | | | | | | |
| | | Yes. Describe | | | | | | | _ | |
| 49. | Far | m and fishing equi | pment, imple | ments, mach | inery, fixtures, a | ınd tools | s of trade | | | |
| | ✓ | No | | | | | | | | |
| | | Yes. Describe | | | | | | | _ | |
| 50. | Far | m and fishing supp | lies, chemica | als, and feed | | | | | | |
| | ✓ | No | | | | | | | | |
| | | Yes. Describe | | | | | | | _ | |
| 51. | Any | r farm- and comme | rcial fishing-r | elated proper | rty you did not a | Iready lis | st | | | |
| | ✓ | No | | | | | | | | |
| | | Yes. Describe | | | | | | | _ | |
| | | | | | | | | | | |
| | | | | | | | for pages you have | | | |
| | | | | | | | | | L | |
| | | | | | | | | | | |
| Part | | | | | | st in Ti | nat You Did Not I | List Above | | |
| 53. | | you have other properties: Season tickets | | | not already list? | | | | | |
| | | No | , , | | | | | | | |
| | = | Yes. Give specific | | | | | | | | |
| | | information | | | | | | | | |
| | | | | | | | | | | |
| | | | | | - 141 14 41 4 | | | | | |
| 54. A | dd th | ne dollar value of al | l of your entri | ies from Part | 7. Write that nur | mber he | re | | • | |
| | | | | | | | | | | |
| Part | Ω. | List the Totals | of Each Pa | rt of this E | orm | | | | | |
| | | | | | | | | | | |
| 55. F | Part 1 | l: Total real estate, | line 2 | | | | | > | | |
| 56. p | oart 2 | total vehicles, line | 5 | | | | | | | |
| 57. P | art 3 | : Total personal and | d household | items, line 15 | 5 | \$1010.00 |) | | | |
| 58. P | art 4 | : Total financial ass | ets, line 36 | | | \$555.00 | | | | |
| 59. F | Part 5 | 5: Total business-re | elated proper | ty, line 45 | | | | | | |
| 60. F | Part 6 | 6: Total farm- and fi | shing-related | d property, lin | ne 52 | | | | | |
| 61. F | Part 7 | 7: Total other prope | erty not listed | , line 54 | | | | | | |
| 62. 7 | Γotal | personal property. | Add lines 56 tl | hrough 61 | | \$1565 00 | <u> </u> | | | L \$1565 00 |
| | | | ., | J : | | \$1565.00 | <u>, </u> | Copy personal property to | otal > | + \$1565.00 |
| | | | | | | | | | | \$1565.00 |
| 63. T | otal | of all property on S | chedule A/B. | Add line 55 + | line 62 | | | | | |

| Filli | in this informa | Case 16-15695 ation to identify your case: | Doc 1 Filed 05/ | 09/16 Entered 05/0 | 9/16 12:29:09 | Desc Main |
|-------------------------------------|---|---|---|--|---|---|
| | otor 1 | Antoine First Name | L Middle Name | Bowen Last Name | | |
| | otor 2 ouse, if filing) | First Name | Middle Name | Last Name | | |
| Unit | ted States Ba | nkruptcy Court for the: | Northern E | District of Illinois | | |
| | se number nown) | | | (State) | | |
| Of | ficial F | orm 106C | | | 1 | Check if this is a amended filing |
| Sc | hedule | C: The Prop | erty You Claim | as Exempt | | 12/1 |
| s to exer ece exer orop | o state a s mpted up eive certai mption of perty is de t1: Identi Which set | pecific dollar amour to the amount of an in benefits, and tax- 100% of fair market etermined to exceed for the Property You of exemptions are you de claiming state and federal e claiming federal exemptions | at as exempt. Alternative y applicable statutory exempt retirement function value under a law that that amount, your execution as Exempt aiming? Check one only, even nonbankruptcy exemptions. 11 U.S.C. § 522(b)(2) | rely, you may claim the full limit. Some exemptionsds—may be unlimited in the limits the exemption to emption would be limited in if your spouse is filing with you. | ull fair market value —such as those for dollar amount. How a particular dollar to the applicable s | r health aids, rights to wever, if you claim an amount and the value of the |
| | | | d line Current value of | Amount of the exemption yo | | cific laws that allow exemption |
| | | le A/B that lists this prop | | Check only one box for each ex | | sino laws trial allow exemption |
| | | | Copy the value from Schedule A/B | | | |
| | Brief | FIGURE 1 | \$555.00 | | _ | 735 ILCS 5/12-1001(b) |
| | description: Line from Schedule A | | | \$555.00 100% of fair market value, u applicable statutory limit | | |
| | Brief | | \$180.00 | | | 735 ILCS 5/12-1001(b) |
| | description: Line from Schedule A | | \$100.00 | \$180.00 100% of fair market value, u applicable statutory limit | | |
| 3. | (Subject to | adjustment on 4/01/19 and | • | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | |

No Yes

Part 2: **Additional Page** Brief description of the property and line Current value of Amount of the exemption you claim Specific laws that allow exemption on Schedule A/B that lists this property the portion you Check only one box for each exemption. own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(a) \$380.00 **✓ Used Men's Clothing** description: \$380.00 Line from 100% of fair market value, up to any Schedule A/B: 11 applicable statutory limit 735 ILCS 5/12-1001(b) Brief \$450.00 \checkmark **Cell Phone** description: \$450.00 Line from 100% of fair market value, up to any Schedule A/B: 07 applicable statutory limit

| Fill in this informa | Case 16-15695 ation to identify your case: | Doc 1 Filed | 05/09/16 | Entered 05/09/ | /16 12:29:09 | Desc Main | | | | |
|---------------------------------|---|------------------------------|---------------------|----------------------------|---|---|-----------------------------------|--|--|--|
| Debtor 1 | Antoine First Name | L Middle Name | Bower Last N | · | | | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last N | ame | | | | | | |
| United States Ba | nkruptcy Court for the: | Northern | District of III | inois State) | | | | | | |
| Case number (If known) | | | | | | | | | | |
| Official F | Official Form 106D Check if this is are amended filing | | | | | | | | | |
| Schedu | le D: Credito | ors Who Ha | ve Clair | ns Secured | by Proper | rty | 12/1 | | | |
| correct inform | ete and accurate as nation. If more spac top of any additiona | e is needed, copy | the Addition | al Page, fill it out, ı | number the entri | - | | | | |
| No. Ch | ditors have claims secure neck this box and submit this Il in all of the information be | s form to the court with yo | our other schedule | s. You have nothing else t | to report on this form. | | | | | |
| Part 1: List A | All Secured Claims | | | | | | | | | |
| claim. If mor | ured claims. If a creditor hare than one creditor has a part the claims in alphabetical | articular claim, list the of | her creditors in Pa | art 2. As much as | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | | | |

| | Case 16-15695 | Doc 1 | Filed 05/0 | 9/16 Entered 0 | <u>05/0</u> 9/16 12:29:09 | Desc | Main | |
|--|--|---|--|---|--|--|--|---|
| Fill in this inform | ation to identify your case: | | | | | | | |
| Debtor 1 | Antoine | L | NI | Bowen | _ | | | |
| Debtor 2 | First Name | Middle | name | Last Name | | | | |
| (Spouse, if filing) | First Name | Middle | Name | Last Name | _ | | | |
| United States Ba | ankruptcy Court for the: | Northern | Dis | trict of Illinois (State) | _ | | | |
| Case number (If known) | | | | (************************************** | _ | | | |
| Official Fo | orm 106E/F | | | | | Chec | k if this is an | amended filing |
| Schedu | le E/F: Cred | litors W | /ho Hav | e Unsecure | ed Claims | | | 12/15 |
| party to any execute 06A/B) and on a listed in Schume boxes on the | cutory contracts or unexp Schedule G: Executory C edule D: Creditors Who I | oired leases that contracts and U Hold Claims Se ation Page to t | at could result in Inexpired Lease ecured by Prope his page. On the | a claim. Also list execu s (Official Form 106G). I erty. If more space is nee | art 2 for creditors with NO tory contracts on <i>Schedu</i> Do not include any creditoded, copy the Part you not ages, write your name and | le A/B: Prop ors with parti eed, fill it out | erty (Officia ally secured t, number the | I Form I claims that e entries in |
| 1. Do any cre | editors have priority unse | cured claims a | gainst you? | | | | | |
| ☐ No. G | o to Part 2. | | | | | | | |
| 2. List all of y identify what possible, list Part 1. If m | at type of claim it is. If a clain | n has both priori order according a particular clai | ty and nonpriority to the creditor's r m, list the other c | amounts, list that claim he name. If you have more tha reditors in Part 3. | aim, list the creditor separate re and show both priority an an two priority unsecured cla t.) | d nonpriority a | amounts. As r | much as |
| | | | | | | Total claim | Priority amount | Nonpriority amount |
| | HEALTHCARE | | I ast 4 di | gits of account number | 2031 | \$3,000.00 | \$3,000.00 | \$0.00 |
| Priority Cre 100 South G | ditor's Name Grand Ave F | | | as the debt incurred? | 10/1/2006 | | | |
| Number | Street | | | | | | | |
| - | | | | date you file, the claim ingent | is. Check all that apply. | | | |
| Springfield Citv | Illinois State | 62704 Zip Code | = | uidated | | | | |
| - 7 | red the debt? Check one. | Zip Code | Disp | • | | | | |
| ✓ Debtor | 1 only | | | RIORITY unsecured cla | im· | | | |
| Debtor | 2 only | | | estic support obligations | | | | |
| Debtor | 1 and Debtor 2 only | | | 11 0 | ou our the government | | | |
| At least | one of the debtors and another | ther | = | s and certain other debts yo | o . | | | |
| Check | if this claim relates to a c | ommunity deb | | ns for death or personal inj cated | ury while you were | | | |
| ls the clain | n subject to offset? | • | | | | | | |
| ✓ No | | | _ | | | | | |
| Yes | ' D | | | | | • | * | |
| 2.2 Illinois Dept Priority Cre | of Revenue ditor's Name | | —— Last 4 di | gits of account number | | \$945.00 | \$945.00 | \$0.00 |
| | extract | (64338 | When wa | as the debt incurred? | n/a | | | |
| Number | Street | | As of the | date you file, the claim | is: Check all that apply. | | | |
| Chicago | Illinois | 60664 | Cont | ingent | | | | |
| City | State | Zip Code | Unlic | uidated | | | | |
| | red the debt? Check one. | | Disp | uted | | | | |
| ✓ Debtor | • | | Type of F | RIORITY unsecured cla | im: | | | |
| Debtor | • | | | estic support obligations | | | | |
| | 1 and Debtor 2 only | | = | s and certain other debts yo | ou owe the government | | | |
| At least | one of the debtors and another | ther | | ns for death or personal inj | - | | | |
| Check | if this claim relates to a c | ommunity deb | | cated | ary willio you wore | | | |
| Is the clain | n subject to offset? | | Othe | r. Specify | | | | |
| ✓ No | | | | | | | | |
| Yes | | | | | | | | |

Debtor 1 Antoine Case 16-15695 L Doc 1 Filed 05/09/16 Entered 05/09/16 (12:2:29:09 Desc Main

Page 24 of 70 Documetht me Part 1: Your PRIORITY Unsecured Claims - Continuation Page Total claim Priority Nonpriority After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. amount amount 2.3 Lucas, Edna \$0.00 \$0.00 \$0.00 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? 10829 S Racine Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60643 Zip Code City State Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: ✓ Debtor 1 only Debtor 2 only ✓ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government Claims for death or personal injury while you were At least one of the debtors and another intoxicated Check if this claim relates to a community debt Other. Specify Is the claim subject to offset?

✓ No Yes

Filed 05/408/16 Entered 05/09/16 112:29:09 Desc Main AntoineCase 16-15695 LDoc 1 Debtor 1 Document Page 25 of 70 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 Allstate Insurance \$1,676.81 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 12055 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Roanoke Virginia 24018 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only |√| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Unsecured Is the claim subject to offset? **✓** No Yes 4.2 City of Chicago Parking \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name 121 N. LaSalle St # 107A When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 60602 Chicago Illinois Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only ✓ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify Unsecured **✓** No Yes 4.3 FST PREMIER \$882.00 Last 4 digits of account number 6549 Nonpriority Creditor's Name 3820 N LÓUISE AVE When was the debt incurred? 9/1/2010 Number Street As of the date you file, the claim is: Check all that apply. Contingent SIOUX FALLS South Dakota 57107 Unliquidated Citv State Zip Code Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt

✓ No Yes

Is the claim subject to offset?

Other. Specify

CreditCard

Debtor 1 Antoine Case 16-15695 L Doc 1 Filed 05/09/16 Entered 05/09/16 (12:20):29:09 Desc Main

irist Name Document Page 26 of 70

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 I C SYSTEM INC \$36.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 64378 When was the debt incurred? 6/1/2014 Number Street As of the date you file, the claim is: Check all that apply. Contingent SAINT PAUL 55164 Minnesota Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only ◪ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt 001 Collection; Collecting for ORIGINAL CREDITOR: ATT MIDWEST Is the claim subject to offset? **✓** Other, Specify **✓** No Yes 4.5 JEFFERSON CAPITAL SYST \$335.00 3003 Last 4 digits of account number Nonpriority Creditor's Name 16 MCLELAND RD When was the debt incurred? 1/1/2014 Number Street As of the date you file, the claim is: Check all that apply. Contingent SAINT CLOUD 56303 Minnesota Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Ͷ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts ✓ Other, Specify 001 UnknownLoanType Is the claim subject to offset? |√| No Yes 4.6 MIDLAND FUNDING \$2,905.00 Last 4 digits of account number 1152 Nonpriority Creditor's Name 8875 AERO DR STE 200 When was the debt incurred? 7/1/2012 Number As of the date you file, the claim is: Check all that apply. Contingent SAN DIEGO 92123 California Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify_ 001 UnknownLoanType Is the claim subject to offset? |**~**| No

Yes

Debtor 1 Antoin Case 16-15695 L Doc 1 Filed 05/08/16 Entered 05/09/16 (1/2):29:09 Desc Main First Name Docume The Page 27 of 70

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page Debtor 1 Antoin Case 16-15695 L Doc 1
First Name Middle Name

| | After listing any entries on this page, number them beginning v | with 4.5 followed by 4.6 and so forth | Total claim | | | |
|-----|---|--|-----------------|--|--|--|
| 47 | Orchard Bank | with 4.5, followed by 4.6, and 30 forth. | | | | |
| 4.7 | Nonpriority Creditor's Name | Last 4 digits of account number | \$800.00 | | | |
| | PO Box 17051 Number Street | When was the debt incurred? n/a | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | | |
| | | Contingent | | | | |
| | Baltimore Maryland 21297 City State Zip Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. | Disputed | | | | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 2 only | <u></u> | | | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Is the claim subject to offset? | ✓ Other. Specify Unsecured | | | | |
| | No | <u> </u> | | | | |
| | ☐ Yes | | | | | |
| 4.0 | PLS Loan Store | | # 000.00 | | | |
| 4.8 | Nonpriority Creditor's Name | Last 4 digits of account number | \$600.00 | | | |
| | 9920 W. Western | When was the debt incurred?n/a | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | | |
| | | Contingent | | | | |
| | ChicagoIllinois60655CityStateZip Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. | Disputed | | | | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 2 only | Ä | | | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Is the claim subject to offset? | Other. Specify Unsecured | | | | |
| | ✓ No | | | | | |
| | Yes | | | | | |
| 4.9 | PORTFOLIO RECOVERY ASS | | \$490.00 | | | |
| 7.5 | Nonpriority Creditor's Name | Last 4 digits of account number 3043 | φ490.00 | | | |
| | 120 CORPORATE BLVD STE 1 Number Street | When was the debt incurred? 9/1/2012 | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | | |
| | | Contingent | | | | |
| | NORFOLK Virginia 23502 City State Zip Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. | Disputed | | | | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 2 only | Student loans | | | | |
| | Debtor 1 and Debtor 2 only | | | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Is the claim subject to offset? | Other. Specify 001 UnknownLoanType | | | | |
| | ✓ No | | | | | |
| | □ Vas | | | | | |

Debtor 1 Antoin Case 16-15695 L Doc 1 Filed 05/09/16 Entered 05/09/16 (1/2):29:09 Desc Main

First Name Middle Name Document Page 28 of 70

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 SEARS/CBNA \$200.00 Last 4 digits of account number Nonpriority Creditor's Name 13200 SMITH RD When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent **CLEVELAND** Ohio 44130 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only $\overline{\mathbf{V}}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Unsecured Is the claim subject to offset?

No Yes

Debtor 1 Antoine Case 16-15695 L Doc 1 Filed 05/09/16 Entered 05/09/16 (12/2)29:09 Desc Main
First Name Middle Name Docume 12 Page 29 of 70

Part 3: List Others to Be Notified About a Debt That You Already Listed

| Blatt, Hassenmille | er, Leibsker & Moore, | LLC | |
|--------------------|-----------------------|----------|--|
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| PO Box 489 | | | Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Stree | et | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Normal | Illinois | 61761 | Last 4 digits of account number 1152 |
| City | State | Zip Code | <u> </u> |
| ZENOFF ZENOF | FF CHARTERED | | |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| POBOX 57593 | | | Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Stree | et | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago | Illinois | 60657 | Last 4 digits of account number |
| City | State | Zip Code | <u> </u> |
| Illinois Departmer | nt of Human Services | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | Line 2.3 of (Check one): Part 1: Creditors with Priority I Insecured Claim: |
| | S GRAND AV EAST | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Number Stree | . | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Springfield | Illinois | 62705 | Last 4 digits of account number |
| City | State | Zip Code | |

Debtor 1 Antoin Case 16-15695 L Doc 1 Filed 05/09/16 Entered 05/09/16 (1/22/29:09 Desc Main First Name Document Plane Page 30 of 70

Add the Amounts for Each Type of Unsecured Claim

| Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. | | | | | | | |
|---|--|---|-----|--------------|--|--|--|
| | | | | Total claims | | | |
| Total claims from Part 1 | 6a. | Domestic support obligations. | 6a. | \$3,945.00 | | | |
| | 6b. Taxes and certain other debts you owe the government | | 6b. | \$0.00 | | | |
| | 6c. | Claims for death or personal injury while you were intoxicated (| 6C. | \$0.00 | | | |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$0.00 | | | |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$3,945.00 | | | |
| | | | | Total claims | | | |
| Total claims from Part 2 | 6f. | Student loans | 6f. | \$0.00 | | | |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 | | | |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 | | | |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that eamount here. | 6i. | \$8,924.81 | | | |
| | 6j. | Total. Add lines 6f through 6i. | ôj. | \$8,924.81 | | | |

| Fill in this inform | Case 16-1569 ation to identify your case | | 5/09/16 Entered | 1.05/09/16 12:29:09 | Desc Main |
|---------------------------------|---|------------------------------------|------------------------------|---|--|
| Debtor 1 | Antoine | L | Bowen | | |
| D 1 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | Northern | District of Illinois (State) | | |
| Case number (If known) | | | (Clais) | | |
| Official I | orm 106G | | | | Check if this is a amended filing |
| Schedul | e G: Execut | ory Contracts a | and Unexpire | d Leases | 12/1 |
| | l, copy the additional p | | | | ing correct information. If more onal pages, write your name and |
| 1. Do you ha | ave any executory | contracts or unexpired | leases? | | |
| ✓ No. Che | ck this box and file this for | m with the court with your other | schedules. You have nothing | ng else to report on this form. | |
| Yes. Fill i | in all of the information be | elow even if the contracts or leas | ses are listed on Schedule | A/B: Property (Official Form 106A | /B). |
| | | . , | | state what each contract or lead camples of executory contracts an | |
| Person | or company with whor | n you have the contract or lea | ase | State what the contrac | t or lease is for |
| | | | | | |

| | | Case 16-15695 | 5 Doc 1 Filed 0 | NE/00/16 Entered | 1.05/09/16 12:29:09 | Desc Main |
|-------|-------------------------------|--|---|---------------------------------------|---|---|
| Fill | l in this inform | ation to identify your case | | | 10.309/10 12.29.09 | Desc Main |
| De | ebtor 1 | Antoine First Name | L Middle Name | Bowen Last Name | | |
| | ebtor 2 bouse, if filing) | | Middle Name | Last Name | | |
| Ur | nited States Ba | ankruptcy Court for the: | Northern | District of Illinois | | |
| | ise number known) | | | (State) | | |
| ` | " ": -: - ! | 400LL | | | | Check if this is an amended filing |
| | | Form 106H e H: Your Co | dobtors | | | 12/1: |
| in tl | ne boxes on try question. | the left. Attach the Addi | | n the top of any Additiona | I Pages, write your name and c | ge, fill it out, and number the entries case number (if known). Answer |
| 2. | Louisiana, N No. Go Yes. Di | evada, New Mexico, Pue o to line 3. id your spouse, former spoo o | rto Rico, Texas, Washington, ouse, or legal equivalent live v | and Wisconsin.) with you at the time? | munity property states and territor ne name and current address of the | ries include Arizona, California, Idaho, |
| | Ш ' | | | | e name and current address of the | at person. |
| | | Name of your spouse, fo | rmer spouse, or legal equival | ent | | |
| | | Number Street | | | | |
| | | City | State | Zip Code | _ | |
| 3. | as a codebt | tor only if that person is | s a guarantor or cosigner. I | Make sure you have listed | | t the person shown in line 2 again fficial Form 106D), <i>Schedule E/F</i> olumn 2. |
| | Column 1: | Your codebtor | | | Column 2: The creditor to | whom you owe the debt |

Check all schedules that apply:

| Fill in this info | ormation to identify | your case: | 100110 | | 9/16 12 | :29:09 Desc Main | |
|---------------------------------------|--|--|--------------------|-----------------------|-----------------------|--|-------------|
| | Antoine | <u>Docar</u> | Bowen | age oo o i | 70 | | |
| | First Name | Middle Name | Last Nam | e | - | | |
| Debtor 2 | | | | | _ | Check if this is: | |
| (Spouse, if filing) | First Name | Middle Name | Last Nam | е | _ | An amended filing | |
| United States Bar | nkruptcy Court for the: | Northern | District of Illino | | - | A supplement showing post-pet expenses as of the following dat | |
| Case number If known) | | | (| -, | _ | MM / DD / YYYY | |
| Official F | orm 106l | | | | | | |
| chedule | : Your Inc | ome | | | | | 1 |
| ages, write y | | se number (if known). A | | | heet to this fo | orm. On the top of any add | itional |
| | your employment | | Debtor 1 | | | Debtor 2 | |
| | | Employment status | ✓ Employed | | | Employed | |
| • | If you have more than one job, attach a separate page with | | Not Employed | | | Not Employed | |
| attach | | Occupation | Sterile Proces | scina | | _ | |
| inform emplo | ation about additional | Occupation | Sterile Froces | ssiriy | | | |
| | | Employer's name | Advocate Hea | lthcare | | | |
| Include or | e part time, seasonal, | Employer's address | 8550 W Bryn I | Mawr | | | |
| | nployed work. | | Number Street | | | Number Street | |
| | pation may include | | | | | | |
| studer or hon | nt nemaker, if it applies. | | | | 00004 | | |
| | | | Chicago City | Illinois State | 60631 Zip Code | City State Zip | o Code |
| | | | Oily | Claio | Zip Godo | | |
| | | How long employed there? | | | | | |
| ort Or Oive | Deteile Abeut I | Manthly Income | | | | | |
| art 2. Give | Details About I | | | | | | |
| Estimate montlare separated. | hly income as of the o | date you file this form. If you ha | ave nothing to re | port for any lin | e, write \$0 in the s | pace. Include your non-filing spouse | unless yo |
| f you or your nor a separate sheet | | re than one employer, combine th | ne information fo | r all employers | for that person on | the lines below. If you need more sp | ace, attacl |
| | | | | | Debtor 1 | For Debtor 2 or non-filing spouse | |
| deductions. | .) If not paid monthly, cal | y, and commissions (before all culate what the monthly wage wo | | 2. | \$3,099.50 | | |
| 3. Estimate a | and list monthly overt | ime pay. | | 3 | + \$0.00 | | |
| 4. Calculate | gross income. Add line | e 2 + line 3. | | 4. | \$3,099.50 | | |

Filed 05/09/16 Debtor 1 Antoine Case 16-15695 L Doc 1 Entered @5409416 12:29:09 Desc Main Documentame Page 34 of 70 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4 \$3,099.50 5. List all payroll deductions: \$668.87 5a. Tax, Medicare, and Social Security deductions 5a. 5b. 5b. Mandatory contributions for retirement plans \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. \$0.00 5f. Domestic support obligations 5f. \$260.00 5g. Union dues 5g. \$0.00 5h. Other deductions. Specify: 5h. -\$247.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$1,175.87 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,923.63 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$0.00 8a. monthly net income. 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies 8f. \$0.00 8g. Pension or retirement income \$0.00 8g. 8h. Other monthly income. Specify: 8h. -\$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$0.00 10. Calculate monthly income. Add line 7 + line 9. \$1,923.63 \$1,923.63 10 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$0.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. \$1,923.63 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Yes. Explain:

Debtor 1 Antoine Case 16-15695 L Doc 1 Filed 05/09/16 Entered 05/09/16 12:29:09 Desc Main
First Name Middle Name DocurherName Page 35 of 70

Part 2: Give Details About Monthly Income

| 5h.Other payroll deductions. Specify: | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---------------------------------------|--------------|-----------------------------------|
| 1. Healthcare | \$236.17 | |
| 2. Parking | \$10.83 | |

| | Case 16-15 | | <u>/09/16 Entered 05/0</u> 9 | /16 12:29:09 | Desc M | 1ain |
|---|--|---|--|--------------------------------------|---------------------|-------------------|
| Fill in this inform | ation to identify you | r case: | Ü | | | |
| Debtor 1 | Antoine | L | Bowen | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing | First Name | Middle Name | Last Name | Check if this is: | | |
| | | | Lastrianic | An amended filing | | |
| United States Ba | ankruptcy Court for t | he: Northern | District of Illinois (State) | A supplement shot expenses as of the | • | • |
| Case number | | | (State) | expenses as or an | s tollowing a | acto. |
| (If known) | | | | MM / DD / YYYY | | |
| Official F | Form 106 | J | | | | |
| | | <u>-</u> Expenses | | | | 12/1 |
| Part 1: Desc 1. Is this a join No. Go Yes. Do 2. Do you have Do not list De Debtor 2. 3. Do your exp | es Debtor 2 live in No Yes. Debtor 2 mu dependents? ebtor 1 and enses include people other your | | es for Separate Household of Debtor 2 Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does de with you | pendent live ? |
| Part 2: Estin | nate Your Ongo | ing Monthly Expenses | | | | |
| | f a date after the b | ur bankruptcy filing date unless yo ankruptcy is filed. If this is a suppl | | | | |
| • | • | on-cash government assistance if led it on Schedule I: Your Income (| • | | | Your expenses |
| | or home ownership the ground or lot. 4. | expenses for your residence. Inclu | ude first mortgage payments and | | 4. | \$475.00 |
| If not inclu | ided in line 4: | | | | | |
| 4a. Real es | tate taxes | | | | 4a | \$0.00 |
| 4b. Property | y, homeowner's, or r | renter's insurance | | | 4b. | \$0.00 |
| 4c. Home m | naintenance, repair, a | and upkeep expenses | | | 4c. | \$0.00 |

\$0.00

4d.

4d. Homeowner's association or condominium dues

Debtor 1 Antoine Case 16-15695 L Doc 1 Filed 05/09/16 Entered 05/09/16 (12/2)29:09 Desc Main

Document Page 37 of 70 Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$0.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$207.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$500.00 7. 8. Childcare and children's education costs \$50.00 8. 9. Clothing, laundry, and dry cleaning \$200.00 9. 10. Personal care products and services \$225.00 10. 11. Medical and dental expenses \$75.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$200.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance \$0.00 15c 15d. Other insurance. Specify: \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _ \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 \$0.00 17a 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106l). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes 20b. \$0.00 20b 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses 20d. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

| Debtor 1 | Antoine First Name | ase 16-15695 | L Doc 1 Middle Name | Filed 05/09/16 Document | Entered 05/09 | h16 (1k2 k29: <u>09 </u> | Desc Main | |
|-----------------|--------------------|---|---------------------|--|-------------------------|--|-----------|------------|
| 21. Othe | r. Specify: | | | Document | Page 38 of 70 | 21 | 1 | \$0.00 |
| | _ | | | | | | | |
| | • | nonthly expenses. | | | | | | \$1,932.00 |
| 22a. <i>i</i> | Add lines 4 th | hrough 21. | | | | | | \$0.00 |
| 22b. (| Copy line 22 | (monthly expenses for | Debtor 2), if an | y, from Official Form 106J | -2 | | | \$1,932.00 |
| 22c. / | Add line 22a | and 22b. The result is y | our monthly ex | penses. | | 22. | | |
| 23.Calcu | ulate your m | nonthly net income. | | | | | | |
| 23a. (| Copy line 12 | (your combined month | ly income) from | Schedule I. | | 238 | <u> </u> | \$1,923.63 |
| 23b. (| Copy your mo | onthly expenses from lir | ne 22 above. | | | 23k | | \$1,932.00 |
| | • | monthly expenses from your monthly net incor | | income. | | 230 | _ | (\$8.37) |
| 24. Do y | ou expect a | ın increase or decreas | se in your exp | enses within the year af | ter you file this form? | | | |
| | | | | r loan within the year or do f a modification to the term | | | | |
| | No | | | | | | | |
| ✓ | Yes | | | | | | | |
| | Ex | plain here: | | | | | | |
| | D | ebtor lives with his mot | ther and contrib | outes \$350/month towards | rent & utilities | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Fill in this infor | Case 16-15695 | | | | |
|-------------------------------|-------------------------------|----------------|---------------------------------|---|---------------------------------------|
| | mation to identify your case: | Doc 1 Filed 0! | 5/09/16 Entered 0 | 5/09/16 12:29:09 | Desc Main |
| Debtor 1 | Antoine | L | Bowen | | |
| | First Name | Middle Name | Last Name | _ | |
| Debtor 2 (Spouse, if filir | g) First Name | Middle Name | Last Name | _ | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois (State) | _ | |
| Case number (If known) | | | (Glate) | _ | |
| Official | Form 106Dec | | | | Check if this is a amended filing |
| Declara | tion About an | Individual De | btor's Schedule | es | 12/1 |
| property by fre | and in connection with a ha | | | | |
| 1519, and 3571 Part 1: Sig | n Below | | | | ars, or both. 18 U.S.C. §§ 152, 1341, |
| Part 1: Sig | n Below | | n fines up to \$250,000, or imp | | ars, or both. 18 U.S.C. §§ 152, 1341, |
| Part 1: Sig Did you | n Below | | to help you fill out bankrupto | cy forms? tion Preparer's Notice, Deck | |

| Fill ir | n this inform | Case 16-1569 nation to identify your case | | Filed 05/09/16 | Entered 05 | 09/16 12:29:09 | Desc Main |
|---------|------------------|---|-------------------------|------------------------------|--------------------|----------------|---|
| Debt | | Antoine | L | Bowen | | 7 | |
| Debt | tor 2 | First Name | Middle N | Name Last Na | me | | |
| | | First Name | Middle N | Name Last Na | me | | |
| Unite | ed States B | ankruptcy Court for the: | Northern | District of Illin | ois ate) | | |
| | e number own) | | | (Cit | | | |
| Off | icial F | Form 107 | | | | | Check if this is a amended filing |
| | | | ial Affairs | for Individua | ıls Filina | for Bankrup | tcv 12/1 |
| | e is needed | d, attach a separate she | et to this form. On | | l pages, write you | | ying correct information. If more er (if known). Answer every question |
| 1. | What is | your current marital st | atus? | | | | |
| | ☐ Mar | ried married | | | | | |
| 2. | During t | he last 3 years, have yo | u lived anywhere o | other than where you live | now? | | |
| | ✓ No Yes. | List all of the places you | lived in the last 3 yea | ars. Do not include where yo | ou live now. | | |
| | Deb | tor 1: | | Dates Debtor 1 lived there | Debtor 2: | | Dates Debtor 2 lived there |
| | | | | | Same as I | Debtor 1 | Same as Debtor 1 |
| | Num | ber Street | | - From | Number Stree | | From |
| | | | | _ To | | | To |
| | City | State | Zip Code | _ | City | State Zip C | Code |
| | | | | | Same as I | Debtor 1 | Same as Debtor 1 |
| | Num | ber Street | | From | Number Stree | | From |
| | | | | _ To | | | То |
| | City | State | Zip Code | _ | Citv | State Zip (| Code |
| | | | • | | | · | |
| | territories in | nclude Arizona, California | , Idaho, Louisiana, N | - | | | Code (Community property states an |

 Filed 05/09/16
 Entered 05/09/16 /12:29:09
 Desc Main

 Document
 Page 41 of 70
 Debtor 1 Antoine Case 16-15695 L Doc 1 First Name Middle Name

Part 2: Explain the Sources of Your Income

| 4. | Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. | | | | | | | | | |
|----|---|---|--|--|---|--|--|--|--|--|
| | | Debtor 1 | | Debtor 2 | | | | | | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | | |
| | From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | \$11649.00 | Wages, commissions, bonuses, tips Operating a business | | | | | | |
| | For last calendar year: (January 1 to December 31, 2015) YYYYY | ✓ Wages, commissions, bonuses, tips☐ Operating a business | \$25237.00 | Wages, commissions, bonuses, tips Operating a business | | | | | | |
| | For the calendar year before that: (January 1 to December 31, | Wages, commissions, bonuses, tips Operating a business | \$15000.00 | Wages, commissions, bonuses, tips Operating a business | | | | | | |
| 5. | Did you receive any other income during this Include income regardless of whether that income benefit payments; pensions; rental income; intereand you have income that you received together, List each source and the gross income from each No Yes. Fill in the details. | e is taxable. Examples of other est; dividends; money collected list it only once under Debtor 1. | income are alimony; child su from lawsuits; royalties; and | gambling and lottery winnings. | | | | | | |
| | | Debtor 1 | | Debtor 2 | | | | | | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | | | | | |
| | From January 1 of current year until the date you filed for bankruptcy: | | | | | | | | | |
| | For last calendar year: (January 1 to December 31, | | | | | | | | | |
| | For the calendar year before that: (January 1 to December 31, 2014) YYYY | | | | | | | | | |

Debtor 1 Antoine Case 16-15695 L Doc 1 Filed 05/09/16 Entered 05/09/16 (1/2):29:09 Desc Main

First Name Documentum Page 42 of 70

List Certain Payments You Made Before You Filed for Bankruptcy

Part 3:

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ✓ No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or City State Zip Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors City State Zip Code Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors City State Zip Code

Other

Antoine Case 16-15695 ∟Doc 1 Debtor 1 Document Page 43 of 70 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

Filed 05/09/16 Entered 05/09/16 (1/2):29:09 Desc Main

Debtor 1 Antoin Case 16-15695 L Doc 1
First Name Middle Name Page 44 of 70 Document Time Part 4: Identify Legal Actions, Repossessions, and Foreclosures

| utes. | | | | |
|--|---|---|----------------------|-----------------------|
| No | | | | |
| Yes. Fill in the details. | | | | |
| | Nature of the case | Court or agency | | Status of the case |
| Case title | Contract | Cook County Circuit Cour | t | Pending |
| | | Court Name | | On appeal |
| Case number | | 50 West Washington Street Number Street | et | ✓ Concluded |
| 2006-M1-179785 | | Chicago Illinois | 60602 | |
| | | City State | Zip Code | - |
| Case title | | | | Pending |
| | | Court Name | | On appeal |
| Case number | | Number Street | | Concluded |
| | | Number Street | | |
| | | City State | Zip Code | • |
| No. Go to line 11. Yes. Fill in the information below. | Describe the pro | operty | Date | Value of the |
| | - | operty | Date | Value of the property |
| | Describe the pro | operty | Date 4/1/2016 | |
| Yes. Fill in the information below. | Paycheck | | | property |
| Yes. Fill in the information below. MIDLAND FUNDING | - | | | property |
| Yes. Fill in the information below. MIDLAND FUNDING Creditor's Name | Paycheck | | | property |
| Yes. Fill in the information below. MIDLAND FUNDING Creditor's Name 8875 AERO DR STE 200 | Paycheck Explain what ha | ppened s repossessed. | | property |
| Yes. Fill in the information below. MIDLAND FUNDING Creditor's Name 8875 AERO DR STE 200 Number Street | Paycheck Explain what ha Property was Property was | ppened s repossessed. s foreclosed. | | property |
| Yes. Fill in the information below. MIDLAND FUNDING Creditor's Name 8875 AERO DR STE 200 Number Street SAN DIEGO California | Paycheck Explain what ha Property was Property was Property was | ppened s repossessed. s foreclosed. s garnished. | | property |
| Yes. Fill in the information below. MIDLAND FUNDING Creditor's Name 8875 AERO DR STE 200 Number Street | Paycheck Explain what ha Property was Property was Property was | ppened s repossessed. s foreclosed. s garnished. s attached, seized, or levied. | | property |
| Yes. Fill in the information below. MIDLAND FUNDING Creditor's Name 8875 AERO DR STE 200 Number Street SAN DIEGO California | Paycheck Explain what ha Property was Property was Property was Property was Property was Property was | ppened s repossessed. s foreclosed. s garnished. s attached, seized, or levied. | 4/1/2016 | \$0 \$ Value of the |
| Yes. Fill in the information below. MIDLAND FUNDING Creditor's Name 8875 AERO DR STE 200 Number Street SAN DIEGO California | Paycheck Explain what ha Property was Property was Property was Property was Property was Property was | ppened s repossessed. s foreclosed. s garnished. s attached, seized, or levied. | 4/1/2016 | \$0 \$ Value of the |
| Yes. Fill in the information below. MIDLAND FUNDING Creditor's Name 8875 AERO DR STE 200 Number Street SAN DIEGO California City State | Paycheck Explain what ha Property was Property was Property was Property was Property was Property was | repossessed. s foreclosed. s garnished. s attached, seized, or levied. operty | 4/1/2016 | \$0 \$Value of the |
| Yes. Fill in the information below. MIDLAND FUNDING Creditor's Name 8875 AERO DR STE 200 Number Street SAN DIEGO California City State | Paycheck Explain what ha Property was Property was Property was Property was Describe the property was | repossessed. s foreclosed. s garnished. s attached, seized, or levied. operty | 4/1/2016 | \$0 \$Value of the |
| Yes. Fill in the information below. MIDLAND FUNDING Creditor's Name 8875 AERO DR STE 200 Number Street SAN DIEGO California City State Creditor's Name | Paycheck Explain what ha Property was Property was Property was Property was Describe the property was Explain what ha | repossessed. s foreclosed. s garnished. s attached, seized, or levied. operty | 4/1/2016 | \$0 \$Value of the |
| Yes. Fill in the information below. MIDLAND FUNDING Creditor's Name 8875 AERO DR STE 200 Number Street SAN DIEGO California City State Creditor's Name | Paycheck Explain what ha Property was Property was Property was Property was Describe the property was Explain what ha | ppened s repossessed. s foreclosed. s garnished. s attached, seized, or levied. operty ppened s repossessed. | 4/1/2016 | \$0 \$Value of the |
| Yes. Fill in the information below. MIDLAND FUNDING Creditor's Name 8875 AERO DR STE 200 Number Street SAN DIEGO California City State Creditor's Name | Paycheck Explain what ha Property was Property was Property was Property was Describe the property was | ppened s repossessed. s foreclosed. s garnished. s attached, seized, or levied. operty ppened s repossessed. s foreclosed. | 4/1/2016 | \$0 \$Value of the |

| Debt | or 1 | | <u>d 05#09/16 Entered</u> 05/09/16 <i>1</i> | : <u>09 Desc</u> | <u>Main</u> |
|------|----------|---|---|--------------------------|-------------------------|
| 11. | | nin 90 days before you filed for bankruptcy, did any obunts or refuse to make a payment because you owe | creditor, including a bank or financial institution, set of | ff any amounts fr | om your |
| | 님 | No Yes. Fill in the details. | | | |
| | | | Describe the action the creditor took | Date action was taken | Amount |
| | | Creditor's Name | | | |
| | | Number Street | | 1 | |
| | | | Last 4 digits of account number: XXXX- | | |
| | | City State Zip Code | | | |
| | | in 1 year before you filed for bankruptcy, was any of iver, a custodian, or another official? | f your property in the possession of an assignee for th | e benefit of credi | tors, a court-appointed |
| | \Box | No Yes | | | |
| Part | 5: | ist Certain Gifts and Contributions | | | |
| 13. | Wit | hin 2 years before you filed for bankruptcy, did you | give any gifts with a total value of more than \$600 per | person? | |
| | ✓ | No Yes. Fill in the details for each gift. | | | |
| | | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | | Person to Whom You Gave the Gift | | | |
| | | Number Street | | | |
| | | | | | |
| | | City State Zip Code Person's relationship to you | | | |
| | | Person to Whom You Gave the Gift | | | |
| | | Number Street | | | |
| | | City State Zip Code | | | |
| | | Person's relationship to you | | | |

| | | FIRST Name | IVIII | dale Name Do | ocumente Page 46 of 70 | | |
|-------------|----------|--|------------------|----------------------|--|-----------------------------------|------------------------|
| 14. | With | nin 2 years before yo | u filed for bar | | give any gifts or contributions with a total value of mor | re than \$600 to an | y charity? |
| | ✓ | No Yes. Fill in the details | for each gift or | contribution. | | | |
| | _ | Gifts with a total val | _ | | Describe the gifts | Dates you gave the gifts | Value |
| | | Charity's Name | | | | | |
| | | | | | | | |
| | | Number Street | | | | | |
| Dont | C. | · | State | Zip Code | | | |
| Part 15. | | List Certain Loss in 1 year before you | | ruptcy or since ye | ou filed for bankruptcy, did you lose anything because | of theft, fire, othe | r disaster, or |
| | _ | bling? No | | | | | |
| | Ħ | Yes. Fill in the details. | | | | | |
| | | Describe the proper how the loss occurr | | nd | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| | | | | | incuration statute of the original statute of the orig | | |
| Part | 7: | List Certain Paym | nents or Tra | ansfers | | | |
| 16. | seek | ing bankruptcy or pr | eparing a bar | nkruptcy petition? | | | ne you consulted about |
| | _ | de any attorneys, bank No | ruptcy petition | preparers, or credit | t counseling agencies for services required in your bankrupt | су. | |
| | ✓ | Yes. Fill in the details. | | | | | |
| | | | | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | | Semrad Law Firm | | | Attorney's Fee - 0.00 | 5/6/2016 | \$0.00 |
| | | Person Who Was Paid 20 South Clark Street | | | | 3.3.2.13 | |
| | | Number Street | | | | | |
| | | | Illinois | 60606 | | | |
| | | | State | Zip Code | | | |
| | | Email or website addr None | | | | | |
| | | Person Who Made the | e Payment, if N | ot You | |] | |
| | | Person Who Was Paid | d | | | | |
| | | Number Street | | | | | |
| | | City | State | Zip Code | | | |
| | | Email or website addr | ess | | | | |
| | | Person Who Made the | Payment, if N | ot You | | | |

Debtor 1 Antoine Case 16-15695 L Doc 1 Filed 05/09/16 Entered 05/09/16 (1/22):29:09 Desc Main

| | No Yes. Fill in the details. | | | | | | |
|-----|---|-------------------|---|-----------------------|-----------------------------------|-----------|------------------------|
| | | | Description and value of any prop | erty transferred | Date payment or transfer was made | Amou | nt of paymer |
| | Person Who Was Paid | | - | | | | |
| | Number Street | | - - | | | | |
| | City State | Zip Code | - | | | | |
| Inc | dinary course of your business or fillude both outright transfers and transfers from the steed on the last of the | ers made as secur | ity (such as the granting of a security inte | erest or mortgage on | your property). Do | not incli | ude gifts and |
| | | | Description and value of any property transferred | | property or paymebts paid in exch | | Date trans was made |
| | Person Who Received Transfer | | - | | | | |
| | Number Street | | - | | | | |
| | City State Person's relationship to you | Zip Code | - | | | | |
| | Person Who Received Transfer | | - | | | | |
| | Number Street | | - | | | | |
| | City State Person's relationship to you | Zip Code | _ | | | | |
| | nese are often called asset-protection of No | | u transfer any property to a self-settle | d trust or similar de | evice of which yo | u are a l | beneficiary? |
| | | | Description and value of the prop | erty transferred | | | Date trans |
| (Tr | Yes. Fill in the details. | | zoon.p.ion and raide of the prop | , | | | was made |

<u>Filed 05#09/16 Entered 05/09/16 /1</u>2:29:<u>09 Desc Main</u> Document Page 48 of 70 Debtor 1 Antoin Case 16-15695 L Doc 1
First Name Middle Name

| | | | | | | • | | |
|---------|--------------|-------------|-----------|--------------|----------|-------------|------------------|---|
| Part 8: | List Certain | Financial . | Accounts. | Instruments. | Safe Dep | osit Boxes. | and Storage Unit | S |

| 20. | or tr | nin 1 year before you filed for ansferred? de checking, savings, money peratives, associations, and off | market, or other financial | | | | | | | |
|-----|----------|--|----------------------------|----------------|---------------------------|----------|-----------------|-------------------------|---|---|
| | | No Yes. Fill in the details. | | | | | | | | |
| | | | | Last 4 numb | l digits of account er | | Type of instrum | account or ent | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | | Person Who Was Paid | | - XXXX | - | | _ | ecking ings | | |
| | | Number Street | | · · | | | Brol | ney market kerage | | |
| | | City State | Zip Code | - | | | Oth | ei | | |
| | | Person Who Was Paid | | - XXXX | - | | = | ecking ings | | |
| | | Number Street | | | | | _ | ney market kerage | | |
| | | | | | | | Oth | er | | |
| | | City State | Zip Code | | | | | | | |
| 21. | valu | you now have, or did you ha ables? No Yes. Fill in the details. | | | had access to it? | ny saic | ucposii | Describe the contents | | Do you still have it? |
| | | | | | | | | | | |
| | | Name of Financial Institution | Na | ame | | | | | | ☐ No ☐ Yes |
| | | Number Street | Nu | umber | Street | | | | | |
| | | City State | Zip Code | ty | State | Zip Co | ode | | | |
| 22. | Have | e you stored property in a s | | er than | your home within | 1 year b | efore y | ou filed for bankruptcy | ? | |
| | ✓ | No Yes. Fill in the details. | | | | • | · | | | |
| | _ | | w | ho else | had access to it? | | | Describe the contents | 3 | Do you still have it? |
| | | Name of Storage Facility | Na | ame | | | | | | ☐ No ☐ Yes |
| | | Number Street | Nu | umber | Street | | | | | |
| | | | Ci | ty | State | Zip Co | ode | | | |
| | | City State | Zip Code | | | | | | | |

| Deb | tor 1 | AntoineCase 16-15695 L Doc 1 First Name Middle Name | Filed 05#6 Docume | <u>)9/16 Er</u> Frit ^{me} Paç | ntered_0 5 /0 ge 49 of 70 | 9/16/12:29: <u>09 Desc Mair</u> | 1 |
|------|----------|--|----------------------|---|-------------------------------------|---|-----------------|
| Part | 9: | Identify Property You Hold or Contro | I for Someo | ne Else | | | |
| 23. | Do y | No | e else owns? Ir | nclude any pro | perty you borro | wed from, are storing for, or hold in tru | st for someone. |
| | Ц | Yes. Fill in the details. | Where is the | e property? | | Describe the contents | Value |
| | | Owner's Name | Number Stre | eet | | - | |
| | | | | | | _ | |
| | | Number Street | | | | | |
| | | | City | State | Zip Code | - | |
| | | City State Zip Code | _ | | | | |
| Part | 10: | Give Details About Environmental In | nformation | | | | |
| For | the p | urpose of Part 10, the following definitions apply: | | | | | |
| | ha | nvironmental law means any federal, state, or loca azardous or toxic substances, wastes, or material in cluding statutes or regulations controlling the clea | into the air, land, | soil, surface wa | ater, groundwater, | | |
| | | ite means any location, facility, or property as define used to own, operate, or utilize it, including dispo | • | vironmental law, | whether you now | own, operate, or utilize it | |
| | | lazardous material means anything an environment xic substance, hazardous material, pollutant, conta | | | raste, hazardous s | substance, | |
| Rep | oort al | I notices, releases, and proceedings that you know | v about, regardle | ss of when they | occurred. | | |
| 24. | Has | any governmental unit notified you that you r | may be liable o | r potentially lia | able under or in | violation of an environmental law? | |
| | ✓ | No | | | | | |
| | | Yes. Fill in the details. | Governmen | tal unit | | Environmental law, if you know it | Date of notice |
| | | | | tai uiiit | | - Liviloimentariaw, ii you kilow it | Date of Hotice |
| | | Name of site | Governmenta | al unit | | | |
| | | Number Street | Number Stre | eet | | | |
| | | | City | State | Zip Code | - | |
| | | City State Zip Code | _ | | | | |
| 25. | Hav | e you notified any governmental unit of any re | elease of hazar | dous material | ? | | |
| | <u> </u> | No Voc Fill in the details | | | | | |
| | Ц | Yes. Fill in the details. | Governmen | tal unit | | Environmental law, if you know it | Date of notice |
| | | Name of site | Governmenta | al unit | | - | |
| | | Number Street | Number Stre | eet | | - | |
| | | | City | State | Zip Code | - | |
| | | City State Zip Code | _ | Ciaio | _ip 0000 | | |
| | | State Zip Gode | | | | | |

| Debt | tor 1 | AntoineCase 16-1569 First Name | 5 L Doc 1 F Middle Name | | <u>Entered</u> | h16 A2v29: <u>09</u> | Desc Main |
|------|----------|---|----------------------------|--------------------------------|---------------------------|-----------------------|---|
| 26. | Hav | e you been a party in any jud | dicial or administrat | ive proceeding under an | ny environmental law | ? Include settlements | and orders. |
| | V | No | | | | | |
| | Ц | Yes. Fill in the details. | | Court or agency | | Nature of the case | Status of the |
| | | Coop title | | G , | | | case |
| | | Case title | | Court Name | | | Pending |
| | | | | | | | On appeal |
| | | Case number | | Number Street | | | Concluded |
| | | | | City State | Zip Code | | |
| Part | 11: | Give Details About You | ur Business or (| Connections to Any | Business | | |
| 27. | With | nin 4 years before you filed f | or bankruptcy, did y | ou own a business or h | ave any of the follow | ing connections to an | y business? |
| | | A sole proprietor or self-e | mployed in a trade, p | rofession, or other activity, | either full-time or part- | -time | |
| | | | | or limited liability partnersh | nip (LLP) | | |
| | | A partner in a partnership An officer, director, or ma | | corporation | | | |
| | | | | securities of a corporation | | | |
| | ✓ | No. None of the above applies. | . Go to Part 12. | | | | |
| | | Yes. Check all that apply above | e and fill in the details | | | | |
| | | | | Describe the natu | re of the business | | entification number Do not all Security number or ITIN. |
| | | Business Name | | | | EIN: | |
| | | | | | | 5 | |
| | | Number Street | | Name of accounta | ant or bookkeeper | Dates busine | existed |
| | | City State | Zip Code | | | From | To |
| | | | | | | | |
| | | | | Describe the natu | re of the business | | entification number Do not al Security number or ITIN. |
| | | D. circo Nove | | | | EIN: | |
| | | Business Name | | | | | |
| | | Number Street | | Name of accounta | ant or bookkeeper | Dates busine | ess existed |
| | | City State | Zip Code | | | From | То |
| | | | | | | | |
| | | | | Describe the natu | re of the business | Employer Id | entification number Do not |
| | | | | | | | al Security number or ITIN. |
| | | Business Name | | | | EIN: | |
| | | Number Street | | — | | Dates busine | ess existed |
| | | - | | Name of accounta | ant or bookkeeper | F*** | To |
| | | City State | Zip Code | | | From | То |
| | | | | | | | |
| | | | | | | | |

| Debtor | | <u>ed 05/09/16 Entered </u> 05/09/16 /ଲିଅ:229: <u>09 Desc Main</u> ocumënt ^e Page 51 of 70 |
|-----------|---|---|
| | | give a financial statement to anyone about your business? Include all financial institutions, |
| [<u></u> | No Yes. Fill in the details below. | |
| - | _ | Date issued |
| | Name | MM/DD/YYYY |
| | Number Street | _ |
| | City State Zip Code | _ |
| Part 12 | 2: Sign Below | |
| an | d correct. I understand that making a false statement, | Affairs and any attachments, and I declare under penalty of perjury that the answers are true concealing property, or obtaining money or property by fraud in connection with a prisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | Signature of Debtor 1 | Signature of Debtor 2 |
| | Date 5/9/2016 | Date |
| Die | d you attach additional pages to Your Statement of Fin No Yes | nancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| Die | d you pay or agree to pay someone who is not an attor | ney to help you fill out bankruptcy forms? |
| ✓ | No | |
| | Yes. Name of person | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

| | 0 101500 | 4 - 1 |) | | 5 |
|------------------------|---|---|----------------------|--|----------------------|
| Fill in this informa | Case 16-1569 ation to identify your case | | 15/09/16 En | tered 05/09/16 12:29:09 | Desc Main |
| Debtor 1 | Antoine | L | Bowen | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | inkruptcy Court for the: | Northern | District of Illinois | | |
| | | | (State) | | |
| Case number (If known) | | | | | |
| Official F | orm 108 | | | | amended filing |
| Stateme | nt of Intenti | on for Individu | ıals Filing | Under Chapter 7 | 12/15 |
| • | ividual filing under cha e claims secured by yo | apter 7, you must fill out th our property, or | is form if: | | |
| ■ you have leas | sed personal property a | and the lease has not expire | ed. | | |
| | | , , | | tition or by the date set for the meetir | , |
| whichever is ear | lier, unless the court e | xtends the time for cause. \ | ou must also send | copies to the creditors and lessors yo | ou list on the form. |
| • | eople are filing togethe ust sign and date the t | • | qually responsible f | or supplying correct information. | |
| Be as complete | and accurate as possil | ole. If more space is needed | d, attach a separate | sheet to this form. On the top of any a | dditional pages, |

Part 1: List Your Creditors Who Have Secured Claims

write your name and case number (if known).

| 1. | For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. | | | |
|----|---|--|---|--|
| | Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? | |
| | Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | No. Yes. | |
| | Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | No. Yes. | |
| | Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | No. Yes. | |
| | Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | No. Yes. | |

| Debto | r Antoine Last 16-15695 LDC 1 Filed 05/09/16 E First Name Middle Name Last Name | =ntered 05/09/16 12:29:09 L age 53 of 70 | Desc Main | | |
|---------|--|---|--------------------------|--|--|
| | | known) | | | |
| | List Your Unexpired Personal Property Leases | on Contracts and Ilmanning Lagger (Officia | I Form 106C) fill in the | | |
| informa | or any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the normation below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an nexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). | | | | |
| De | escribe your unexpired personal property leases | Will the lease | be assumed? | | |
| Les | ssor's name: | ☐ No ☐ Yes | | | |
| | escription of leased operty: | | | | |
| Les | ssor's name: | No Yes | | | |
| | escription of leased operty: | | | | |
| Les | ssor's name: | No Yes | | | |
| | escription of leased operty: | | | | |
| Les | ssor's name: | No Yes | | | |
| | escription of leased operty: | | | | |
| Les | ssor's name: | No Yes | | | |
| | escription of leased operty: | | | | |
| Les | ssor's name: | No Yes | | | |
| | escription of leased operty: | | | | |
| Les | ssor's name: | No Yes | | | |
| | escription of leased operty: | | | | |
| Part 3: | Sign Below | | | | |
| | Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. | | | | |
| × | /s/ Antoine Bowen | c | | | |
| _ | Signature of Debtor 1 | Signature of Debtor 1 | | | |
| г | Date 5/9/2016 | Date | | | |

MM/DD/YYYY

MM/DD/YYYY

B 203 (12/94)

In

Entered 05/09/16 12:29:09 Desc Main Case 16-15695 Filed 05/09/16 Doc 1 Document Page 54 of 70

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| re | Antoine L Bowen | | Case No. | |
|----|--|-----------------------------------|-------------------------------------|-----------------------------|
| _ | Debtor | | | (If known) |
| | | | Chapter | Chapter 7 |
| | DISCLOSURE OF C | OMPENSATION | OF ATTORNEY FOR | R DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed compensation paid to me within one year rendered or to be rendered on behalf of | ar before the filing of the pe | etition in bankruptcy, or agreed to | be paid to me, for services |
| | For legal services, I have agreed to acc | cept | | \$1,165.0 |
| | Prior to the filing of this statement I have | ve received | | \$0.0 |
| | Balance Due | | | \$1,165.0 |
| 2. | The source of the compensation paid to | me was: | | |
| | ✓ Debtor | Other (specify) | | |
| 3. | The source of the compensation paid to | me is: | | |
| | Debtor | Other (specify) | | |
| 4. | I have not agreed to share the above members and associates of my law | ve-disclosed compensation v firm. | with any other person unless the | y are |
| | I have agreed to share the above-di members or associates of my law f the people sharing in the compensa | irm. A copy of the agreeme | | |
| 5. | In return for the above-disclosed fee, I a. Analysis of the debtor's financial | _ | | |

- bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

| | CERTIFICATION |
|--|--|
| I certify that the foregoing is a complete the debtor(s) in this bankruptcy proceedings. | tatement of any agreement or arrangement for payment to me for representation of |
| 5/9/2016 | /s/ Danielle Kancherlapalli |

Signature of Attorney

Semrad Law Firm

Name of law firm

Case 16-15695 Doc 1 Filed 05/09/16 Entered 05/09/16 12:29:09 Desc Main Document Page 55 of 70 Services:

Date

CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1165.00 attorney fees plus any necessary postpetition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.
Adding additional bills \$30.00
Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 1. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign

Initial: AB ____

Case 16-15695 Doc 1 Filed 05/09/16 Entered 05/09/16 12:29:09 Desc Main Document Page 57 of 70

the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 5/6/16

Client Whow Bowers

Client ____

Attorney

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

Case 16-15695 Doc 1 Filed 05/09/16 Document

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

Entered 05/09/16 12:29:09 Desc Main Page 59 of 70

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee | |
|---|---------|--------------------|--|
| + | \$550 | administrative fee | |
| | \$1,717 | total fee | |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$275 | total fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$200 | filing fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$310 | total fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$235 | filing fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 16-15695 Doc 1 Filed 05/09/16 Entered 05/09/16 12:29:09 Desc Main UNITED STATES BANKBURTCY COURT Northern District of Illinois

| In re: | Bowen, Antoine L | Case No | | | |
|---|---------------------------------|---|----------|--|--|
| | Debtor(s) | | | | |
| | | Chapter. | Chapter7 | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | |
| The above named Debtors hereby verify that the attached list of creditors is true and correct to the best | | correct to the best of their knowledge. | | | |
| | | | | | |
| | | | | | |
| Date: | 5/9/2016 | /s/ Bowen, Antoine L | | | |
| | | Bowen Antoine I | | | |

Signature of Debtor

Case 16-15695 Doc 1 Filed 05/09/16 Entered 05/09/16 12:29:09 Desc Main Document Page 63 of 70

MIDLAND FUNDING 8875 AERO DR STE 200 SAN DIEGO , CA 92123 USA

Blatt, Hassenmiller, Leibsker & Moore, LLC PO Box 489 Normal , IL 61761 USA

FST PREMIER 3820 N LOUISE AVE SIOUX FALLS, SD 57107 USA

PORTFOLIO RECOVERY ASS 120 CORPORATE BLVD STE 1 NORFOLK , VA 23502 USA

IL DEPT OF HEALTHCARE 100 South Grand Ave E Springfield , IL 62704 USA

JEFFERSON CAPITAL SYST 16 MCLELAND RD SAINT CLOUD, MN 56303 USA

I C SYSTEM INC PO BOX 64378 SAINT PAUL , MN 55164 USA

Illinois Dept of Revenue Illinois Department of Revenue P.O. Box 64338 Chicago , IL 60664 USA

Allstate Insurance P.O. Box 12055 Roanoke , VA 24018 USA

ZENOFF ZENOFF CHARTERED POBOX 57593 Chicago , IL 60657 USA

City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602 USA

PLS Loan Store 9920 W. Western Chicago , IL 60655 USA Case 16-15695 Doc 1 Filed 05/09/16 Entered 05/09/16 12:29:09 Desc Main Document Page 64 of 70

SEARS/CBNA 13200 SMITH RD CLEVELAND, OH 44130 USA

Orchard Bank PO Box 17051 Baltimore , MD 21297 USA

Lucas, Edna 10829 S Racine Chicago , IL 60643 USA

Illinois Department of Human Services c/o: Camille: 100 S GRAND AV EAST Springfield , IL 62705 USA

Doc 1 Filed 05/09/16 Entered 05/09/16 12:29:09

L Docume Page 65 of To number (if known) — Part 6: Answer These Questions for Reporting Purposes 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are Do you estimate that paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded and administrative Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that you owe? 100-199 10,001-25,000 More than 100,000 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million to be worth? \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X /s/ Antoine Bowen Signature of Debtor 1 Signature of Debtor 2 5/6/2016 Executed on Executed on MM / DD / YYYY MM / DD / YYYY

Desc Main

Case 16-15695 Doc 1 Filed 05/09/16 Entered 05/09/16 12:29:09 Desc Main Fill in this information to identify your case: Debtor 1 Antoine Bowen First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: District of Illinois Northern (State) Case number (If known) Check if this is an Official Form 106Dec amended filing **Declaration About an Individual Debtor's Schedules** 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Part 1: Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration, and Yes. Name of person Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

Signature of Debtor 2

MM/DD/YYYY

Date

/s/ Antoine Bowen

Signature of Debtor 1

MM/DD/YYYY

Date 5/6/2016

| Debtor | Case 16-15 Antoine First Name | Middle Name | Filed 05/09/16 Documentume | Entered 05/09/16 12:29:09 Page 67 of 70 number (# known) —— | Desc Main | |
|---|---|------------------------|-----------------------------|--|-----------------------------------|--|
| | ithin 2 years before you f editors, or other parties. | iled for bankruptcy, c | lid you give a financial s | tatement to anyone about your business? In | clude all financial institutions, | |
| | No Yes. Fill in the details belo | ow. | | | | |
| | | | Date issued | | | |
| | Name | | MM/DD/YYYY | | | |
| | Number Street | ······ | | | | |
| | City S | tate Zip Co | de | | | |
| Part 12 | Sign Below | | | | | |
| and | I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. **SI Antoine Bowen** **Antoine Bowen** ** | | | | | |
| | Signature of | Deptor 1 | | Signature of Debtor 2 Date | | |
| | Date 5/6/2 | 016 | | Date | | |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No | | | | | | |
| Ш | Yes | | | | | |
| Did | you pay or agree to pay s | omeone who is not | an attorney to help you fi | ll out bankruptcy forms? | | |
| V | No | | | | | |
| | Yes. Name of person | | | Attach the Bankruptcy Petition Declaration, and Signature (Of | | |

Documenten Page 68 of Ge number (if Debtor Antoine 1 First Name Middle Name Last Name known) List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? No Lessor's name: Yes Description of leased property: No Lessor's name: Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. ✗ /s/ Antoine Bowen Signature of Debtor 1 Signature of Debtor 1 Date Date 5/6/2016

MM/DD/YYYY

Case 16-15695

Doc 1

Filed 05/09/16

Entered 05/09/16 12:29:09

Desc Main

MM/DD/YYYY

| Debtor 1 | Case 16-15 | 695 _L Doc 1 | Filed 05/09/16 | Entered 05/09/16 12:29 | :09 Desc Main |
|-----------------|--|--|--|--|--|
| | First Name | Middle Name | Document Bowen | Page 69 of 70 number (if known) | |
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
| Do no | ployment compensation tenter the amount if you con Security Act. Instead, list it | | received was a benefit unde | \$ <u>0.00</u> | |
| For yo | • | | \$0.00 | | |
| | our spouse | | \$0.00 | | |
| | on or retirement income. t under the Social Security A | | ount received that was a | \$0.00 | |
| Do no receiv | me from all other sources t include any benefits receive ed as a victim of a war crime stic terrorism. If necessary, l elow. | ed under the Social Se e, a crime against hun | ecurity Act or payments nanity, or international or | | |
| | | | | +\$0.00 | + |
| lotala | amounts from separate page | s, if any. | | 1,90,00 | |
| 11. Calc | ulate your total current m mn. Then add the total for C | onthly income. Add column A to the total fo | lines 2 through 10 for each r Column B. | \$ <u>1,941.50</u> + | = <u>\$1,941.50</u> |
| | | | | | Total current monthly income |
| Part 2: | Determine Whether t | he Means Test A | pplies to You | | monany moome |
| 2. Calcu | late your current monthly | income for the year | . Follow these steps: | | |
| 12a. C | opy your total current month | ly income from line 11 | • | Copy lin | e 11 here → \$1,941.50 |
| ř | Multiply by 12 (the number of | f months in a year). | | | X 12 |
| 12b. T | he result is your annual inco | me for this part of the | form. | | 12b. <u>\$23,298.00</u> |
| | | | | | Land an annual a |
| 3 Calcul | ate the median family inc | ome that applies to | you. Follow these steps: | | |
| Fill in t | he state in which you live. | | Illinois | /MR = 1/ | |
| Fill in t | he number of people in your | household. | 1 | | |
| Fill in t | he median family income for | your state and size o | f household. | | 13. \$49,741.00 |
| To find instruc | a list of applicable median i tions for this form. This list m | income amounts, go d nay also be available a | nline using the link specifie at the bankruptcy clerk's off | ed in the separate ice. | - |
| 4. How o | to the lines compare? | | | | |
| 14a. 🗸 | Line 12b is less than or e Go to Part 3. | qual to line 13. On the | top of page 1, check box 1 | , There is no presumption of abuse. | |
| 14b. | Line 12b is more than line Go to Part 3 and fill out F | e 13. On the top of pag form 122A-2. | e 1, check box 2, The pres | umption of abuse is determined by Form 7 | 122A-2. |
| art 3: | Sign Below | | | | |
| | | | | | |
| By sig | gning here, I declare under p | enalty of perjury that t | he information on this state | ment and in any attachments is true and | correct. |
| x / | s/ Antoine Bowen 🧘 | Die M | wel | × | |
| Si | ignature of Debtor 1 | | , | Signature of Debtor 2 | |
| D. | ate 5/6/2016 | | | Date 5/6/2016 | |
| 5. | MM/DD/YYYY | | | MM/DD/YYYY | |
| | ou checked line 14a, do NO ou checked line 14b, fill out f | | | | |

Case 16-15695 Doc 1 Filed 05/09/16 Entered 05/09/16 12:29:09 Desc Main UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Bowen, Antoine L | Case No | Case No | | | |
|--------|--|---|--------------|--|--|--|
| | Debtor(s) | | | | | |
| | | Chapter. | Chapter7 | | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | |
| | The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge | | | | | |
| Date: | 5/6/2016 | /s/ Bowen, Antoine L | Curine Burer | | | |
| | | Bowen, Antoine L Signature of Debtor | | | | |